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PTO/SB/01 (8-95)  
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# DECLARATION FOR U.S. PATENT APPLICATION

As a below named inventor, I hereby declare that:

Docket Number (Optional)

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled "POLYPEPTIDE AND PROCESS FOR MEASURING LIVING BODY COMPONENTS USING THE SAME"

the specification of which is attached hereto unless the following box is checked:

☐ was filed on \_\_\_\_\_ as United States Application Number or PCT International Application Number \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

## Prior Foreign Application(s)

## Priority Claimed

<u>07-203886</u> (Number)	<u>Japan</u> (Country)	<u>18 July, 1995</u> (Day/Month/Year Filed)
<u>08-084770</u> (Number)	<u>Japan</u> (Country)	<u>13 March, 1996</u> (Day/Month/Year Filed)

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

☐ See attached list for additional prior foreign applications.

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

_____ (Application Number)	_____ (Filing Date)
_____ (Application Number)	_____ (Filing Date)

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

_____ (Application Number)	_____ (Filing Date)	_____ (Status -- patented, pending, abandoned)
_____ (Application Number)	_____ (Filing Date)	_____ (Status -- patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor (given name, family name) Nobuko IMAJO  
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Full name of sixth inventor, if any (given name, family name) \_\_\_\_\_  
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Full name of seventh inventor, if any (given name, family name) \_\_\_\_\_  
Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of eighth inventor, if any (given name, family name) \_\_\_\_\_  
Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
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